

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10-576 674		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	1		1				53						
4	1		1				54						
5	1		1				55						
6		5		5			56						
7		5		5			57						
8		5		5			58						
9		5		5			59						
10		5		5			60						
11		5		5			61						
12		5		5			62						
13		0		0			63						
14		0		0			64						
15		0		0			65						
16		0		0			66						
17		0		0			67						
18		5		5			68						
19		0		0			69						
20		0		0			70						
21		0		0			71						
22		5		5			72						
23		5		5			73						
24		5		5			74						
25		5		5			75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓	5	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	68	←	53	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	73		58				TOTAL CLAIMS						